Name in Full

Certificate of Death

Robert Bridegroom

Died at Town: Grour County: Caroline MARYLAND

Date 1899 Month: Dec Day: 1.

Age Y. 22 M. 4 D.

Native of: Penn.

Occupation: Farmer

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband / Wife of

Father's Name: John A. Bridegroom

Mother's Name: Mary A. Bridegroom

Cause of Death — Primary: Typhoid Fever

How long sick: 21 days

Immediate: Peritonitis

Accident, Suicide, Homicide

Reported by: John Duttadway

Address: Fowling Creek Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85959

Name in Full Joshua Broadas

Certificate of Death

Died at Town New Brittlehem County Carolina MARYLAND

Date 1899 Month Dec Day 19 Age Y. 67 M. D. Native of Md Occupation Farmer

Male White Married ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Mary Broadas

Father's Name John Mother's Maiden Name

Cause of Death Primary Pneumonia How long sick 2 weeks

Immediate Accident, Suicide, Homicide

Reported by J L Noble MD

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full

Certificate of Death

Andrew Bailey Cassin

Died at Town: Near Denton County: Caroline MARYLAND

Date 189 9 Month: 12 Day: 12 | Age Y.: 13 M.: 10 D.: 28 | Native of Md | Occupation ——

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

Husband of ——
Wife

Father's Name John Wesley Cassin Mother's Name Kate Bailey

Cause of Death: Primary Bronchial Pneumonia | How long sick 3 days

Immediate 7-21 | ~~Accident, Suicide, Homicide~~

Reported by A. P. Marshall M. D.

Address Denton Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Verma Della Chairs

Died at Town: Greensboro County: Caroline MARYLAND

Date 1899 Month: Dec. Day: 5 Age Y.: 2 M.: 9 D.: Native of: America Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Thomas Chairs Mother's Name: Sallie (Elliott) Chairs

Cause of Death: Primary: Entero-Colitis 82 How long sick: about 10 days.

Immediate: ~~Accident, Suicide, Homicide~~

Reported by: H. J. Coffroth, M.D.

Address: Greensboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: James Craige

Certificate of Death

Died at Town: Hynson County: Caroline MARYLAND

Date 1899 Month 12 Day 13 | Age Y. 62 M. D. | Native of England | Occupation House Painter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living 2

Husband ~~Wife~~ of Sarah E. Craige

Father's Name

Mother's Name 72

Cause of Death: Primary Pneumonia

Immediate

How long sick 6 days

~~Accident, Suicide, Homicide~~

Reported by J. R. Phillips

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Susan Elizabeth Embury

Certificate of Death

Died at Town: Near Preston County: Caroline MARYLAND

Date 1899 Month: 12 Day: 30 | Age Y.: 57 M.: — D.: — | Native of: Canada | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: One

Husband / Wife of: Embury

Father's Name: David Peterson

Mother's Name: Elizabeth Peterson

Cause of Death — Primary: Cirrhosis of Liver

Immediate: Coma

How long sick: 90

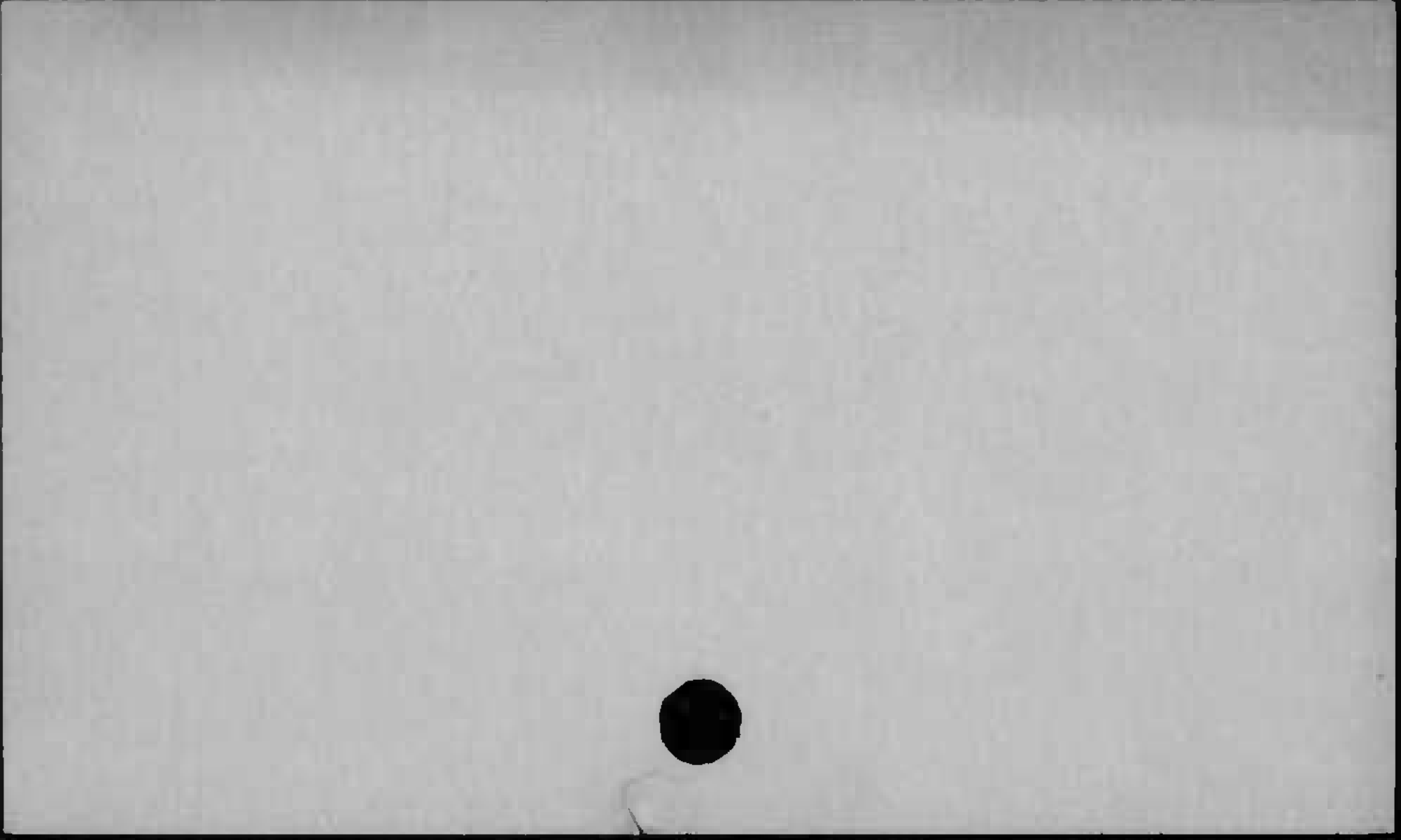
~~Accident, Suicide, Homicide~~

Reported by: J. R. Phillips M.D.

Address: Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Thomas H. Fluharty

Died at Preston (Town) Caroline (County) MARYLAND

Date 1899 Month 12 Day 30 | Age Y. 83 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Annie Whitely Fluharty

Father's Name Joseph Fluharty

Mother's Name Eliza Fluharty

Cause of Death: Primary Phthisis 22a

Immediate Apnoea

~~How long sick~~

~~Accident, Suicide, Homicide~~

Reported by J. R. Phillips

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Daniel Gibbons — Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 189 9 Month 12 Day 2 | Age Y. 68 M. D. | Native of Ireland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

~~Wife~~ Husband of Annie Gibbons (Maria)

Father's Name Not Known | Mother's Name Not Known

Cause of Death — Primary Pneumonia 72 — How long sick 3 days

Immediate Diarrhoea — Accident, Suicide, Homicide ?

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Attended by Dr. S. P. Mauship
of Denton Md

Seen by Coroner _____
of _____

Information contained in this certificate
ceived from Friends of Party
of Denton Md

Name in Full: Cora Hubbard

Certificate of Death

Died Near Town Preston County Caroline MARYLAND

Date 1899 Month 12 Day 21 | Age Y. — M. 6 D. 2 | Native of Md. | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife —

Father's Name: Albert F. Stubbard

Mother's Name: Mary A. Hubbard

Cause of Death: Primary — Entero-colitis — 82

Immediate —

How long sick: 3 weeks

Accident, Suicide, Homicide

Reported by J. R. Phillips M.D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. Martha J. Mitchell

Died at near Town Greensboro County Caroline MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
12	30	46				

Date 1892

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of Wife

John A. Mitchell

Father's Name

Mother's Name

Cause of Death { Primary Consumption 22a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Denton Journal 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

John W. Thomas

Certificate of Death

Died at Town: New Harmony County: Caroline MARYLAND

Date 1899 Month: 12 Day: 3

Age Y. 26 M. 11 D. 15 Native of Caroline Co. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Ella Griffin

Father's Name John Thomas

Mother's Name Sarah E. Thomas

Cause of Death — Primary: Typhoid Fever 1 — How long sick 3 weeks

Immediate: Thrombus of Pulmonary Vessel

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Jas. L. Ward

Address [redacted] Andersontown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Ellen Willis

Certificate of Death

Died at Town Fowling Creek County Caroline MARYLAND

Date 1899 Month December Day 31 | Age Y. 76 M. D. | Native of Md | Occupation Farmers Lab.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Peter Willis

Mother's Name Mary Willis

Cause of Death: Primary Old Age 141 | How long sick Death Sudden

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Jno H Hollis

Address Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 6526